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## APPLICANTS

Ziad Asghar, San Diego, CA;

Gibong Jeong, San Diego, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	11/29/05	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance				
Verified and Acknowledged		Initials	CA	DRAWING 9	CLAIMS 16	CLAIMS 3

## ADDRESS

23494  
 TEXAS INSTRUMENTS INCORPORATED  
 P O BOX 655474, M/S 3999  
 DALLAS , TX  
 75265

## TITLE

Sparse maximum likelihood decoder for block codes

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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